

FINAL BILL REPORT

SHB 2985

C 221 L 06

Synopsis as Enacted

Brief Description: Creating a foster care health unit in the department of social and health services.

Sponsors: By House Committee on Children & Family Services (originally sponsored by Representatives Schual-Berke, Clibborn, Appleton, Moeller, Green, Cody, Morrell, Walsh, McIntire, Kagi, Kenney, Hasegawa and Simpson).

House Committee on Children & Family Services

House Committee on Appropriations

Senate Committee on Human Services & Corrections

Senate Committee on Ways & Means

Background:

If there are allegations of abandonment, abuse or neglect, or no parent who is capable of caring for a child, the state may investigate the allegations and initiate a dependency proceeding in juvenile court. If the court finds the statutory requirements have been met, the court will find the child to be a dependent of the state.

If a child is found to be dependent, the state will provide all routine medical and dental examinations and care and all necessary emergency care for the child.

Summary:

The Department of Social and Health Services (DSHS) is authorized to provide routine and necessary medical, dental, and mental health care, or necessary emergency care, for children in the custody of the DSHS.

Within existing resources, the DSHS Children's Administration (CA), in collaboration with the Health and Recovery Services Administration, is required to establish a foster care health unit. The health unit is required to review and provide recommendations to the Legislature by September 1, 2006, regarding issues which include, but are not limited to, the following:

- creation of an office within the DSHS to consolidate and coordinate physical, dental, and mental health services provided to children who are in the custody of the DSHS;
- alternative payment structures for health care organization. The DSHS may consider managed care as an alternative structure for health care; however, the DSHS may not implement managed care for health care services for children unless it is in the best interest of the child and not for cost containment purposes;
- improving coordination of health care for children in foster care, including medical, dental, and mental health care;

- improving access to health information available to the CA for providers of health services for children in foster care, including the use of the Child Profile as a means to facilitate access to such information;
- establishing a medical home for each child placed in foster care to ensure that appropriate, timely, and necessary quality care is available through a coordinated system of care and analyzing how a medical home might be utilized to meet the unique needs of children in foster care; in establishing a medical home, the DSHS must consider primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective;
- examining how existing resources are being utilized to provide health care for foster children and options for improving how the resources are utilized. Particular emphasis shall be placed on the following:
 - whether the health care services provided to foster children are evidence-based;
 - whether resources are duplicative or redundant between agencies or departments in the provision of medical, dental, or mental health services for children;
 - identification of where resources are inadequate to meet the routine and necessary medical, dental, and mental health needs of children in foster care; and
 - any other issues related to medical, dental, or mental health care for children in foster care.

The foster care health unit, in collaboration with regional medical consultants, is required to develop a statewide, uniform role for the regional medical consultants with emphasis placed on the mental health needs of the children in foster care. The DSHS is required to implement the utilization of the statewide, uniform role for the regional medical consultants by September 1, 2006.

The foster care health unit expires January 1, 2007.

Votes on Final Passage:

House	97	1	
Senate	46	0	(Senate amended)
House	96	1	(House concurred)

Effective: June 7, 2006